

1. Sponsor Chapter

- a. Chapter
- b. Mailing Address
City, State, Zip
- c. Contact Person
- d. Telephone Number
- e. Telefax Number
- f. E-mail Address

3. Equipment:

2. Type of assistance

- ☐ Purchase of new office equipment
- ☐ Repair of existing office equipment
- ☐ Multi-Chapters (list below)

4. Project Schedule

a. Planned Start Date

b. Anticipated End Date

5. Equipment Purchase/Repair Cost:

- a. New office equipment
- b. Maintenance Plan
- c. Repairs
- d. Other
- e. Other
- f. Other

\$	
\$	
\$	
\$	
\$	
\$	

TOTALS

\$	
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6. Match Funding Sources:

UNTF Percent

 %

- a. UNTF FY -
- b. NRF FY -
- c.
- d.
- e.
- f.

\$	
\$	
\$	
\$	
\$	
\$	

these totals must match up

\$	
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7. Obtain and attach at least two (2) quotes (attach copies of quotes and/or contract)
8. Scope of Work (attach a description answering the following or attach documents)

- a. Signed Chapter Resolution
- b. Brief description of office equipment purchase & repairs
- c. Justification for need of new equipment or repairs
- d. Provide specifications or attach product literature information with pictures of office equipment
- e. Provide maintenance plan/warranty information
- f. Provide plan to identify specific users and training necessary to operate new equipment
- g. If new equipment is being purchased, list existing similar equipment, and how existing equipment will be used
- h. If joint project, identify other organizations or agencies involved with this project.

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- ☐ Signed Chapter Resolution
- ☐ Budget Cost Estimates
- ☐ Matching Sources
- ☐ Quotes/Contract
- ☐ Scope of Work
 - ☐ Justification
 - ☐ Product literature
 - ☐ Maintenance Plan
 - ☐ Warranty info
 - ☐ Training of users
- ☐ Payment Request

Date rec'd at UNTF Office

Reviewed by

Date recommended by UDC

Date approved by BOT

Date approved by NRF

Project No. Assigned